PART B - FEE(S) TRANSMITTAL

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STRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh appendix of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

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Please check the appropriate assignee category or category					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
⅓Issue Fee	☐ A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies 10	The Director is hereby authorized by charge the required tooks, or credit any overpayment Deposit Account Number 22-0493 (enclose an extra copy of this form).				

Authorized Signature) Scott Wolinsky Reg. #46,413 01/22/2004 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	01/29/2004 SSITHIB2 00000067 09868391 01 FC:1501 1330.00 02 FC:8001 30.00
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.	
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PTO/SB/21 (05-03)

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C S	Application Number	f information unless it displays a valid OMB control number. 09/868,391
TRANSMITTAL	Filing Date	June 18, 2001
FORM	First Named Inventor	Schmidt et al.
(to be used for all correspondence after initial filing)	Art Unit	2832
	Examiner Name	Jennifer A. Poker
Total Number of Pages in This Submission	Attorney Docket Number	FCS-PT001
Ę	NCLOSURES (Check all that ap	pply)
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) emarks	After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Form PTOL-85
SIGNATUR	E OF APPLICANT, ATTORNEY	, OR AGENT
Firm Scott Wolinsky	Reg.	No. 46,413
Individual name Volpe and Koenig, P.C.	<u> </u>	
	andre	
Date 01/22/2004	0	
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I hereby certify that this correspondence is being sufficient postage as first class mail in an envelop Alexandria, VA 22313-1450 on the date shown be	e addressed to: Mail Stop Issue Fee, Cor	posited with the United States Postal Service with mmissioner for Patents, P.O. Box 1450,
Typed or printed name Scott Wolinsky		
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PTO/SB/17 (10-03)

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Known					
Application Number	09/868,391				
Filing Date	June 18, 2001				
First Named Inventor	Schmidt et al.				
Examiner Name	Jennifer A. Poker				
Art Unit	2832				
Attorney Docket No.	FCS-PT001				

. METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
· Check Credit card Money Other None		3. ADDITIONAL FEES							
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The Director is	authorized to:	(check all that apply)		1053	130 2.520	1053 1812		Non-English specification For filing a request for ex parte reexamination	
Charge feet	(s) indicated belo	ow X Credit any ov	erpayments	1804	920*	1804	_,	Requesting publication of SIR prior to	
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to the above-id	entified deposit a			1251	110	2251	55	Extension for reply within first month	
	FEE CA	ALCULATION		1252	420	2252	210	Extension for reply within second month	
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` '	Code (\$)				2,010	2255		Extension for reply within fifth month	
	2001 385	Utility filing fee		1401	330	2401			
	2002 170	Design filing fee		1402	330	2401		Notice of Appeal Filing a brief in support of an appeal	
	2003 265	Plant filing fee		1402	290	2402		Request for oral hearing	
	2004 385	Reissue filing fee			1.510	1451		Petition to institute a public use proceeding	
1005 160	2005 80	Provisional filing fee		1452	110	2452		Petition to revive - unavoidable	
·	SU	JBTOTAL (1) (\$) 0.	00						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			REISSUE		1,330	2453 2501		Petition to revive - unintentional	1330
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Multiple Deper	ndent			1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Large Entity	Small Entity			1806	180	1806		Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		8021	40	802 ⁻		Recording each patent assignment per property (times number of properties)	
1202 18	2202 9	Claims in excess of 20		1809	770	2809	385	Filing a submission after final rejection	
1201 86	2201 43	Independent claims in e						(37 ČFR 1.129(a))	
1203 290 1204 86	2203 145 2204 43	Multiple dependent clair ** Reissue independent		1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 00	2204 43	over original patent		1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18	2205 9	** Reissue claims in exc and over original pate		1802	900	1802		Request for expedited examination of a design application	
	0115	<u> </u>		Other	fee (sp	ecify) 1	0 Soft	Copies	30
**or number		TOTAL (2) $(\$)^{0}$						ee Paid SUBTOTAL (3) (\$) 1,36	0.00

(Complete (if applicable)) SUBMITTED BY Registration No. Telephone 215-568-6400 Name (Print/Type) Scott Wolinsky 46,413 01/22/2004 Signature

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